
MEDICAL EXAMINER.

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[Vol. I.]

ORIGINAL COMMUNICATIONS.

A Case of Atresia Vaginæ. By RALPH C. MARSH, M. D. of Delaware Co., Pa. *Communicated, with remarks, by* C. D. MEIGS, M. D., Professor of Midwifery in the Jefferson Medical College.

To the Editors of the Medical Examiner.

GENTLEMEN,—I received a letter, dated 30th November, from Dr. RALPH C. MARSH, a gentleman of great experience and judgment, who is now engaged in the practice of medicine at Concordville, Delaware Co., Penn., where he has long been in practice. As the letter contains the relation of a singular case, I take the liberty of handing it to you for publication in your valuable Journal.

What renders the history the more interesting, is the circumstance that a complete atresia vaginæ should take place in a single woman, after menstruating regularly for years. The case that fell under the notice of Dr. Randolph and myself, and which was published in the Philadelphia Practice of Midwifery,—as well as a very similar one detailed in the recent valuable treatise on midwifery, by M. Moreau,—were the results of vaginal inflammation and sloughing, consequent on labour.

In Dr. Marsh's case it does not appear that any injury or violence had been noticed as the cause of the patient's difficulty.

Yours truly,

C. D. MEIGS.

The case is stated as follows:

A. H., a young woman, aged 18 years, of large size and strong health, was, in the spring of 1823, attacked with symptoms of a disorder resembling dysmenorrhœa. Dr. S., who was the attending physician of the family, being applied to, treated her, so far as I could learn, as for painful menstruation. The symptoms were unusually severe and continued, as is usual in such cases; three or four days after this, she recovered and was able to pursue her ordinary business of house-work in her father's family.

Upon the return of the menstrual period, she was again seized with similar symptoms, and even more violently than before. The physician being recalled, gave his attendance, and she again recovered and resumed her occupations. By Dr. S.'s advice, it was decided that if she should have another attack I should be called to the case. On the approach of another period the distressing symptoms reappeared, and I saw her. I treated her in the ordinary way, with

venesection, sudorifics, and opiates, so that the spasms, &c. were again relieved.

Upon inquiry, I found that she had menstruated at an early period of life, indicating an early development of the reproductive apparatus. This first menstruation had occurred three or four years before, and the health and menstruation were perfect until within a few months before the appearance of these distressing symptoms. I left the patient comfortable, expecting, if necessary, to see her again. In the course of four weeks I was sent for, and found her, if possible, in a more suffering condition than ever, the spasms and pains being as severe as in many cases of parturition, but without the relief that attends them. No discharge per vaginam appeared during the whole time.

My mind was led to insist on the necessity of examining the vagina, which was permitted, and I was surprised to find it entirely impervious, constituting a complete atresia, or obstruction of a natural passage. I discovered, upon extending the examination, that the vagina was closed by a strong membrane, no doubt the result of an inflammation. There was a moderate swelling of the hypogastrium, such as would appear at the fourth or fifth month of pregnancy. There was no obstruction in the discharge of the urine.

Reasoning on the case, I came to the conclusion that the disappearance of the menstrual discharge was occasioned by the obliteration of the vaginal passage; and that, most likely, all the sufferings and distress of the patient were owing to an accumulation of the menstrual fluid in several successive menstruations; and that, at every catamenial period, an effort of nature to expel the offending fluid took place. Upon ocular examination, I could distinctly perceive the membrane of a dark blue tint, which determined me to pronounce that an accumulation of some fluid existed, and that it could be relieved by dividing the membrane. Agreeably to my invitation, I met, on the next morning, my friend Dr. Darlington, of West Chester, who united with me as to the necessity for an operation.

The patient was placed upon her back, her knees drawn upwards and separated; Dr. D. separated the parts, so as to enable me to see the membrane clearly, and select the point for the incision. I divided the membrane with a common scalpel, and to our mutual astonishment, a strong jet of grumous blood, which flew two or three feet from the orifice, followed the division. It was of the consistence of tar or molasses, and continued to flow until five or six pounds or even more was discharged, and continued to escape less rapidly during several hours.

The operation was followed by immediate relief; and, in due time, by a perfect restoration of the health; none of the unpleasant symptoms ever again appearing. She afterwards menstruated healthily. Care was taken to prevent the reunion of the membrane.

In the course of eight or ten months she became pregnant; I attended her during the labour, but nothing presented during the pe-

riod worthy of notice. She has since been married to the father of the child, has had several children, and is doing well.

We welcome to our pages the following remarks, and the accompanying case from our late co-editor,—the first of a series of three or more—not merely for the value of the articles themselves, but for the example which they furnish of amplitude without prolixity,—excellencies among the greatest desiderata in the art of clinical reporting.

Observations on Gun-Shot Wounds. By W. POYNTELL JOHNSTON, M. D.

A case of gun shot wound, involving the question whether an amputation at or near the shoulder joint was necessary to afford the patient a hope of recovery, presented itself to me three weeks since. The details of this interesting case I hope, through the kindness of the attending physicians, to offer to you when the treatment shall have terminated. It was the unanimous opinion of all consulted that immediate amputation was required. The patient acceded to the necessity of the operation, but refused to submit to it, preferring the risk of almost certain death. From present appearances he may possibly recover, without the loss of the limb.

I refer to this case simply to call attention to the great uncertainty of prognosis in all cases of serious gun shot wounds, even where the question of amputation of a limb is not involved. In looking over my case book I find notes of several cases of this kind, in which the estimate of danger to life, formed at the moment of the accident, was not at all justified by the result. From these I select two of opposite character; one followed by entire recovery, where but little hope could be entertained from the nature of the wound; the other, by death, although a favourable result was confidently anticipated. (In both instances I refer to the prognosis formed at the moment of the accident.) If these cases present sufficient interest, as introductory to the one alluded to of later date, they are at your disposal. I would not offer them, however, unless each presented other points of interest of greater value than the mere proof that prognosis in gun shot wounds is uncertain.

CASE I.—*Gun-shot Wound. Small shot traversing arm, entering side, &c.*

Margaret Baugh, domestic, æt. 14, large, and very strongly built, and of good constitution; has never been seriously sick; was engaged, between five and six o'clock in the morning, in arranging the breakfast table at a farm house in Richmond, about four miles from Philadelphia, when a young lad, while playing in the same room with a gun charged with small shot, threatened to shoot her. He was stand-

ing with the gun resting in the bend of his left arm, and pointed towards Margaret in a horizontal direction, when it was accidentally discharged. The patient fell upon a chair, where she was found immediately afterwards by the members of the family, screaming with pain, and bleeding profusely from the arm and side. A physician saw her in half an hour and dressed the wounds; after which she was carefully transported to the city in a covered wagon.

Visited at half past eleven, five hours after the accident; she is found in the following condition: She is very pale and feeble; her pulse scarcely perceptible, and her extremities cold. She has lost, according to her mother's account, three pints of blood from her wounds, and had vomited blood during the whole of her journey to the city. The dressings around the arm are saturated with blood, while those on the side are merely discoloured. On removing these, there are seen on the external surface of the right arm, between the insertion of the deltoid muscle and the articulation of the elbow, thirty orifices. Most of these are small, round, and smooth. A few are oblong and jagged. These correspond with the entrance of the shot; the great mass occupies about the middle of the space above mentioned; two or three reach as high as the insertion of the deltoid, and three or four have apparently entered the articulation at the elbow. On the inside of the arm exist twelve irregular orifices, caused by the escape of as many shot, which have traversed the biceps from side to side, and from before backwards, traversing the course of the brachial artery. Blood still oozes from a few of these openings, while the remainder are filled with small black coagula. The arm is neither red nor tumefied, and the pain is very slight. Finally, the right side of the thorax presents twenty similar orifices disposed as follows: One is situated at the inferior and lateral part of the right mamma, which is remarkably developed for the age of the patient; three others, a little lower, and placed very nearly on the same horizontal plane, correspond with the inferior lobe of the right lung; four others occupy a situation corresponding with the distance separating the lung from the liver; and the remaining twelve, disposed in a mass, and occupying a space about half the size of the hand, are opposite the convex portion of the liver. The skin, in the vicinity of the wounds, is pale and cold. The girl complains of pain in the side, which she attributes to the laceration of the skin by the shot. The pulsations of the radial artery *cannot be felt* on the injured side, but the pulse in the opposite member is distinctly perceptible, although feeble.

The prognosis in this case was exceedingly grave. There existed probably an injury of the brachial artery, inferrible from the direction of so many shot all traversing its course within so small a space—from the amount of hæmorrhage from such small orifices, (three pints in five hours,) notwithstanding the coagula which blocked up the openings,—from the entire loss of pulsation at the wrist, without tumefaction, and consequently without arrest of the circulation by com-

pression, and without any evidence of local stupor—either palor, puffiness, or loss of sensibility.

But the injury of the brachial artery—clearly to be inferred—constituted a small item in the sum of dangers. Three shot had evidently penetrated the parenchyma of the lungs, and, of course, traversed the pleura; twelve had entered the substance of the liver, involving the peritoneum; and four had, in all probability, traversed the ascending diaphragm, involving not only the muscle, but both its serous coats: hence inflammation of two serous tissues, and two parenchymata. Added to all this was the vomiting—not expectoration—rendering not impossible injury to the stomach. Directed cold poultice, to be continually moistened with cold water, applied to the arm; simple cerate, followed by poultices, to the side; sinapisms to the stomach and left wrist; hot bricks to the feet.

Aug. 25th. The patient vomited a little greenish matter yesterday, after her wounds were dressed. To day the pulse is fuller, although she is still feeble. Ordered cold lemonade for drink. In the evening V. S. $\frac{3}{4}$ xii.

Aug. 26th. Suffers little pain, except in the axilla and in a line from thence under the mamma. Left cheek flushed. Pulse full, 150. Respiration 45, slightly laborious, but causing no pain. The edges of the wounds offer a whitish colour, and each is surrounded by a marked red areola, about a line in breadth. The intermediate skin offers, in some places, a slight yellowish tinge. In the evening sharp pain in right side. 50 leeches, loco doloris.

Aug. 27th. Slept well. Face pale. Respiration slightly laborious, accelerated. Pulse 135. The pain in the side is completely relieved. The sloughs have come away from several of the orifices. On raising her up to apply the poultice to her side, four other orifices were discovered at the posterior lateral part of thorax; the most superior being on a level with the inferior angle of the scapula. The three others are below the insertion of the diaphragm. On the back, the skin has been torn away by two shot which did not enter the flesh. The cuts are horizontal, and about two inches in length. They are covered by a very thin slough, and moistened by a slight serous discharge. Poultices to side and arm. Lemonade.

Aug. 28th. Drowsy. Does not sleep at night, but doses during the day. Countenance more natural, expressive of anxiety. Pulse moderately full, 130. Respiration, 35, apparently difficult. No pain. The sloughs have nearly all come away from the orifice in the arm, leaving depressions filled with red granulations. The arm does not appear sensibly tumefied, but the skin around the sores is tense. The orifices in the side are still filled by a black slough, and a serous discharge exudes from them. The pain has entirely ceased. On the back, the gutters, caused by the shot ploughing up the skin, are also filled with a dark grayish slough; their direction, instead of being perfectly horizontal, is backwards, and very slightly downwards. She has taken laudanum, forty drops at night, and the effervescing draught during the day. Dressings continued.

Aug. 29. Restless during the night; did not sleep at all. This morning, moans and complains again of pain in the side. Pulse full, quick. Respiration accelerated, and slightly laborious; great heaving of chest at each inspiration.

Aug. 30. Face slightly flushed. Very restless during the night, and did not sleep at all. Pulse full, quick. Respiration more natural than yesterday. The sloughs have all come from the wounds in the side, which offer precisely the same appearances as those of the arm, with the exception of being less deep. The skin surrounding them is indurated. The patient complains of no pain, but moans continually. The same prescription and dressings continued.

Aug. 31. Slept well. Face natural. Pulse moderately full, 120. Respiration, 31, easy and more natural. Says that she suffers no pain in any part. Had a short, dry cough during the night. No expectoration. Commenced taking, yesterday, Antim. Tart., gr. i.; Tinct. Opii ʒi.; Aqua Menth. et Aqua aa. ʒiii. A table-spoonful to be taken every two hours. Slight nausea after first and second doses, which has now disappeared. The same prescription and dressings continued. Chicken water and bread for diet. Effervescing draught during the day.

Sept. 1. *Had a slight chill* yesterday about noon, not very marked, which continued for three or four hours, and was followed by profuse perspiration. To-day the countenance is natural. Pulse 150, full. Respiration rather laboured. No pain. The wounds of the arm vary in appearance; the greater number are from a line and a half to two lines in diameter, and filled nearly to a level with the surface, with large whitish granulations, surrounded by a sero-purulent secretion. In two or three smaller ones, this matter has dried into a scab, completely filling them up, while in one or two others, which are very deep, but retain their original breadth, no granulations are to be seen, but they appear filled with serum. In the side, the wound which penetrated the lower part of the mamma, is scabbed over. Most of the others are filled with the remains of the sloughs, and hardened pus. They are each surrounded by a distinct areola. She still takes the Tart. Ant. regularly. Same prescription and dressings.

Sept. 4th. Face slightly coloured. Pulse full, 135 to 140. Did not sleep well during the night, owing to a *diarrhæa*, and a very severe pain extending from right side across the epigastric region, which came on yesterday afternoon. Some of the wounds in the side appear healed, and all the orifices, both in side and arm, are filled with florid granulations. Tart. Ant. discontinued. Twenty drops of laudanum ordered, and blister to right side.

Sept. 5th. Face natural. Slept well. Pulse full, 130. Pain in side entirely removed by blister. Same general state. Wounds not examined.

Sept. 6th. Complained last night of severe pain in lower part of back, where there exists no redness of skin. Pulse full, 125 to 130. Not quite so strong in the injured arm as in the opposite one.

Face slightly colored, free from anxiety. *Diarrhæa* continues. Complains of no pain in any part at present. The wounds in the arm do not appear to have altered perceptibly for two or three days. Those in the side, which were all covered by the blister, are rather large, with whitish edges, and filled with a whitish pus. The skin is no longer tense around those of the arm or side, and those in the arm are less deep. Complained at 8 o'clock last night of great sensation of cold in the wounded arm and in the breast, but the skin offered to the feel a temperature greater than natural. Laudanum and effervescing mixture.

Sept. 7th. No perceptible change. Slept well. No pains since the 5th. Has had no return of chilliness.

Sept. 8th. Orifices in side, which were covered by blister, slightly painful. Most of the wounds in the arm are healed; the rest filled with a thick yellow pus. Same general state. Free from pain. Cheek slightly flushed.

Sept. 10. Same general state; no pain in any part; has had no return of chill since the 1st; orifices in the side filled with concrete pus; those of arm filled with red, healthy granulations, and pressure produced a discharge of clear yellow pus.

Sept. 13. At 11½ o'clock A. M., a *very severe chill*, which lasted an hour and a half, and was followed immediately by *profuse perspiration*, which continued for upwards of twelve hours, without pain.

Sept. 14. Skin cool; pulse moderate; countenance pale, free from anxiety. Patient feels well, and suffers no pain; very slight change in appearance of wounds. Since the 10th, they are slowly healing.

Sept. 15. Free from pain; countenance natural; pulse 96, moderately full; at half past eleven o'clock yesterday a *sense of chilliness* came on, which alternated with profuse perspirations, without the intervention of a hot stage, till the evening. During the night she slept well; all the wounds are rapidly cicatrizing; a small shot was taken from an ulcerated spot in the back. Ordered one grain of sulphate of quinine every hour from eight till eleven to-day.

Sept. 16. Same general state; free from pain in any part; took the quinine yesterday as directed. *Chill* (not amounting to a shake,) came on yesterday at half past three, continued for about two hours, and was immediately followed by perspiration. Slept well during the night; wounds rapidly cicatrising; quinine to be continued, one grain every hour, until the appearance of a chill.

Sept. 17. *Sense of chilliness* came on yesterday at half past twelve A. M. The patient did not shake;—had taken five quinine pills. The chill lasted between two and three hours, and was followed immediately by moderate perspiration. Slept well. Wounds of side entirely cicatrised. Those of arm nearly so. The abrasion of skin in the back, caused by the oblique passage of shot, has given rise to three ulcerations about two inches in length, and two lines in breadth, which are now inflamed, owing probably to the patient's resting upon that part. Poultice to these wounds; ordered to lie upon left side. Quinine continued, with a moderate use of port wine, and a free diet.

Sept. 18. Took the quinine yesterday, and had no return of chill. Slept well. This morning the cheeks slightly coloured; skin warm; pulse small, about ninety-six; mouth open; lips and teeth slightly coated with sordes. The wounds in arm are healing rapidly; the tongue whitish. The mouth feels very dry; great thirst. The ulcerations in the back are less inflamed and less painful. Bowels free.

Sept. 19. Face thin; slightly anxious. Slept well. Complains of no pain in any part. Took four grains of quinine yesterday morning, and had no sensation of chilliness. Wounds in side entirely cicatrised; those of the arm almost entirely so. There is one orifice directly opposite the centre of the external condyle of the right arm, which appears cicatrised; but upon pressing the arm immediately above it a profuse, watery, yellowish discharge issues from it; very fetid, and possessing the odour of carious bone. On examining more minutely, a small hole about the size of a pin's head is found in the centre of the cicatrix, and a probe introduced passes for a quarter of an inch into the substance of the bone, which feels ragged.

Sept. 21. Yesterday afternoon commenced expectorating yellowish sputa, *resembling those of pneumonia, but more yellow*. Slightly viscid. The amount of expectoration since last evening is about two ounces. To day it consists of fluid mucous, coloured by bile; very diffuent, and possessing no viscosity. The clothing of the bed on which she has wiped her lips, is also tinged in several places by bile. Countenance thin, slightly anxious. Has had no pain in the side. Pulse tolerably full, 124. Respiration easy.

Sept. 22. Cheeks and nose flushed and red. Pulse full, depressible, 136. Respiration 32, slightly laborious. Has expectorated since yesterday morning about an ounce and a half of the same bilious sputa. The tongue and lips are tinged of a dark yellow. No icterus. She has had no pain in the side, of which the wounds are perfectly healed. The only orifice in the arm which remains unhealed is opposite the centre of the external condyle, and gives issue to a moderate quantity of watery and extremely fetid discharge. A sound introduced passes a quarter of an inch into the thickness of the bone. She breathes with a little difficulty, and, at each breath, a slight rattling is heard in the throat and upon applying the ear to the posterior part of right side of the chest, the "bruit de gargouillement" is very marked over the whole extent. Very restless during last night, although complaining of no pains. She has been daily becoming emaciated since her entrance. Ordered generous diet.

Sept. 23. Same general state. Suffers no pain. Countenance emaciated; pale in general, but coloured over the malar bones, and over the bridge of the nose. Expectorated since last evening about two ounces of the same fluid as hitherto. Pulse tolerably full, 128. Respiration, 40. Speaks in a husky, and sometimes in a squeaking voice, owing to the collection of mucous and bile in her throat.

Sept. 24. General health improved lately. She walks about the chamber. Appearance of wounds unchanged. Expectorated

since yesterday about two ounces of mucous and bile. Suffers no pain. Pulse full, 135. Respiration, 40.

Sept. 25. Countenance improved. Slept well, except when awakened by the cough, which was very frequent. Has expectorated since yesterday at noon about six ounces of the same fluid as before. Mouth tinged of a yellow colour; sputa very bitter to her taste. Suffers no pain in any part; the wound in the external condyle still discharges a watery, foetid fluid.

Sept. 26. Cheeks more full; countenance good and free from anxiety. Expectoration of about six ounces since yesterday morning. No pain.

Sept. 27. Same general state; countenance natural. Strength increasing continually. Expectoration of about six ounces since yesterday noon—the expectoration is, however, of a much lighter colour, and contains some portions floating on the surface which are almost free from colour. She complains still of a very bitter taste in the mouth whenever she expectorates.

Sept. 28. General health continues rapidly improving. The expectoration has not diminished in quantity, but is losing its deep bilious colour. The orifice opposite the external condyle is still open, and discharges a watery, foetid matter.

Sept. 29. The patient is sitting up and dressed. Countenance smiling. Says she feels perfectly free from pain and quite strong. The expectoration during yesterday amounted to about four ounces; but, during the night, and up to the present moment, although she has coughed a great deal, she has not expectorated. Her voice is much stronger and quite natural.

Oct. 4. Continual increase of strength since the last date. The expectoration has been constantly diminishing in quantity, and is at present scarcely coloured by the bile, and much less bitter. The orifice opposite external condyle is nearly closed.

Oct. 12. Continual increase of strength. Walks about her chamber without pain. Appetite excellent. Expectoration very moderate, consisting chiefly of saliva. The patient is entirely free from pain. The wounds are healed, and covered by sound skin. The motions of the elbow joint are unimpaired. The pulse little less feeble than on the sound side. I find, however, that she has not possessed the entire use of her hand since the moment of the accident. The fingers are demiflexed upon the hand, and the hand demiflexed upon the forearm. She can close the fingers completely, but is unable perfectly to extend them; and when the limb is supine, she can flex the wrist, and place the hand in a state of pronation. When, on the contrary, the hand is prone, she can neither extend the wrist nor supinate the forearm.

The radial nerve has clearly been paralyzed in its course along, or before entering, the humeral gutter, by one or more of the shot; for its branches to the triceps are unimpaired in their influence; and it was probably from the profunda, and not from the brachial artery, that the hæmorrhage originated. The return of pulse to the wrist corroborates this natural supposition.

Further remarks upon this case are intentionally deferred until the completion of this series of cases.

CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL—*Surgical Wards*—Service of Dr. E. PEACE.

Large doses of Iodide of Potassium in Scrofula.

1. J. B., negro, æt. 25, admitted March 11, for scrofulous ulceration of the throat internally, attended with great hoarseness. Various astringent gargles were employed in succession, the ulcers were frequently cauterised with solid nitrate of silver, and an alterative course of treatment instituted.

This was continued six months without permanent benefit; for, although during this period the patient occasionally improved under cauterisation and the daily thorough application of some astringent lotion, yet he as often relapsed, until, in the end, he appeared to be nearly as hoarse as ever. Half a fluid-drachm of the iodide of potassium in at least two fluid ounces of water, twice a day, was then, (Sept. 13,) prescribed, and all the previous remedies, general and local, were omitted. The dose was gradually increased to half a fluid drachm four times in the day.

No unpleasant symptoms were excited by the operation of the medicine. The improvement was immediate, well marked, and rapid. It steadily advanced, until he became so well satisfied of his permanent restoration that he solicited his discharge, left the hospital November 3, almost well, and is now employed at sea.

2. G. W., æt. 21, was admitted Oct. 25, complaining of severe osteo-copic pains, particularly in the left tibia,—on which there was a small venereal node,—and of intense lancinating pain in the head. On account of the disease of the left tibia, the patient was unable to walk without difficulty and pain. Some months previously, he had contracted primary syphilis, for which he had been freely salivated. Ordered a blistering plaster to the node, a warm bath in the evening to be repeated every other night, and half a drachm of the iodide of potassium in a pint of water to be taken in the course of the day.

The iodide was omitted the next day, on account of some febrile symptoms, and under the apprehension of aggravating the cephalalgia by it under the circumstances. The patient was then purged, restricted in diet, and depleted locally by means of cups over the temples, behind the ears, and at the back of the neck; and, subsequently, by means of leeches freely applied over the forehead; but with very transient alleviation of the headach, and no abatement of the pains in the extremities.

After an interval of three or four days, the iodide was resumed in doses of seven and a half grains, with half a fluid ounce of syr. sarsap. diluted with a little water, four times daily. The patient's diet was improved, he was directed to walk about in the open air, and an anodyne was administered every night. This plan was steadily pursued, the dose of the iodide being gradually increased until it amounted to fifty-two grains in the twenty-four hours. The headach soon began to diminish, and within a week had so far subsided as to render the anodyne at night

unnecessary. The pains in the limbs ceased, the node on the tibia disappeared by degrees, and the patient slowly recovered the entire use of his left leg. He was discharged November 22, rapidly convalescing; continued to take the iodide and the syrup sarsap. according to direction about eight days longer, and is now entirely well.

E. H.

THE MEDICAL EXAMINER.

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PHILADELPHIA, JANUARY 1, 1842.  
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A new series of the Medical Examiner is this day commenced, with considerable modifications of form, price, and editorial arrangements. Our readers of the past year have been made acquainted with the character of the changes which have been for some time contemplated in the journal, and which now take effect; but, as the new series begins with a considerable accession of subscribers, and with the prospect of many more, it is proper that we should present a brief outline of the present editorial organization of the journal, the character which we shall aim to impress upon it, and the principles by which its course will be directed. Drs. BIDDLE and GERHARD will continue to be co-editors of the new series, with particular supervision of the departments which they have conducted under the old arrangements. Dr. REYNELL COATES becomes acting editor of the journal, and will moreover specially take charge of the departments of surgical pathology and therapeutics. Aided by a large circle of scientific friends, and, with the resources and connections of this medical metropolis at command, the editors confidently believe that they will be able to make the Examiner as valuable as any similar publication. It is, and will ever continue to be free from local or party bias. Advocating the interests of the entire profession, it will dwell rather on principles than on men, never losing sight of a main object—the advancement of the art of healing, and the elevation of the medical character.

It forms no part of our design to publish long and elaborate articles, which are better fitted to appear as separate treatises in the ponderous quarterlies, nor do we intend to charge our pages with the controversial discussions—interesting only to the parties concerned—which find their way into some of our cotemporaries. Our object is to publish a journal devoted to the dissemination of useful information and sound principles of medical politics and ethics, of a form and size that will render it a convenient *vade mecum* to the busy practitioner, as well as a compendium of valuable matter for future reference and study. We shall endeavour to make the journal a reflection of the current medi-

cal literature of the day, allotting, always, ample space to selections from the American and European periodicals. These selections will in general be annotated, and will often assume the character of critical bibliography, rather than of mere transfer of the matter of other journals. Notices and reviews of the new publications will constantly appear.

In the clinical department we shall procure well digested reports from the different hospitals, and, not unfrequently the editors themselves will be the reporters. This will be the case, also, in the reports of proceedings of societies; and the history and polity of such medical institutions, here and elsewhere, will be considered as proper subjects of comment whenever the broad interests of the profession appear to render such comment necessary.

In the department of original communications, we have received promises of assistance from many able friends, and shall always be happy to give the earliest publicity to whatever is really valuable in the favours of our correspondents; but, throughout every part of the journal, it will be our first wish to consider the practical value of the matter as paramount to mere variety of origin, the editors being desirous of building the reputation of the Examiner upon facts rather than names—things rather than words.

At that season of the year in which the annual influx of medical students to the school of Philadelphia is about to commence, we shall endeavour to inform preceptors and pupils at a distance of the nature and extent of the arrangements for instruction during the coming medical session.

Among the subjects of occasional discussion in our pages, will be the laws of medical etiquette, the management of consultations, the relations of physicians with the public, with courts of justice, and with individuals in other professions.

Owing to the peculiar character of other engagements, Dr. W. Poyntell Johnston relinquishes his editorial connection with the Examiner. The journal will, however, continue to have the benefit of his valuable assistance as an active collaborator.

DOMESTIC.

On the condition of the Nails in Fractured Limbs.—Hairs found under the Nail of the Thumb.—The New York Medical Gazette for November 24th contains the following notice of an article in the last number of the British and Foreign Medical Review.

“Dr. Pitschaft mentions, as a remarkable fact, that the nails do not

grow during the union of a fracture, and that the commencement of growth in them is proof that the fracture has united. Dr. Lesler is mentioned as the first who ever observed this. Does this arrest of growth depend merely on the fracture of the limb, or is it, as the editor of the *British and Foreign Review* suggests, but indirectly connected with the fracture, depending on the well known principle that the growth of the various horny tissues depends on the amount of waste to which they are exposed. The subject should be investigated."

Our estimable friend, as we shall ever hold him, of the *Boston Medical and Surgical Journal*, closes his remarks on the same article with the following implied request.

"Should any of our correspondents be possessed of knowledge upon this subject, or, by a series of inquiries which they may be induced to institute, convince themselves that such a law of the animal economy does really exist, they would confer a peculiar favour by communicating the result of their observations to the medical public."

We observed the statement in the *British Review* on its reception in this country, and, as it was deemed worthy of question and ingenious comment in that excellent journal, we thought it worthy of refutation, and accordingly requested our valuable correspondent, Dr. Edward Hartshorne, Resident Surgeon of the *Pennsylvania Hospital*, to observe the condition of the nails in a few cases of fracture of important bones. From the result of his observations we are inclined to believe that, in the *Pennsylvania Hospital*, during the year 1841, the growth of the nails has not been checked by the process of eliminating callus in fractures; but, in these days of tabular deduction, we are by no means prepared to contend against the possible existence of such a pathological law on the continent of Europe. Numerous observations, under a multitude of circumstances, are required to establish such a principle in pathology; for every variety of temperament and idiosyncrasy must be regarded as among the data in the calculation; and every peculiarity in the influence of the non-naturals over individual constitutions must be estimated in order to arrive at a legitimate conclusion. Moreover, having been twice subjected to the fracture of limbs in our own proper person, we are convinced that the arrest of development in the horny tissues—if it exist as a symptom of such accidents in general—is not universally observed; for we have never experienced any deficiency of this species of literary aliment on these occasions. The statement of the *British reviewer* does not convince us—in the absence of all convenient opportunity of reference to the original papers of Doctors Lesler and Pitschaft—that due care was exercised in noting the peculiar habit of the patients upon whose history the conclusion has been founded. They might have been in the habit of biting their nails.

But—a truce to bantering.—The cure of a fracture is a laborious process, and as all vital operations at a distance from the seat of the injury are carried on with difficulty and diminished energy in such cases, it is possible that the secretions of cuticle, hair, and the nails, partake in the general deficiency of vital action consequent upon its concentration about the site of the injury. A neglect of this genuine “law of the animal economy,” and the injurious habit of confining patients labouring under fracture to a low, instead of a generous diet, is unquestionably among the most frequent causes of pseudarthrosis. But when the attempt to make the deficient, though not arrested, growth of the cuticular appendages, supposing it to be observed in certain cases, a test of the completion of union,—treating the whole subject with proper dignity and the respect justly due to those with whom the idea originated, we unhesitatingly pronounce it sheer nonsense.

Under the same head we should class the story of the young girl at the West, who was said to have discharged certain hairs from beneath the thumb nail, and whose case has recently made much noise in the journals as a wonder, though now known to have been an innocent imposition. Had the “phenomenon” really occurred, it would have been nothing remarkable, as the dermoid tissue is every where capable of producing the secretory apparatus necessary for the formation of hair; and any part, even of the internal mucous surfaces, if it could be kept dry and exposed to the air consistently with continued life, would be speedily transformed into skin;—a fact well known to all physiologists. We have seen hairs growing pretty abundantly upon prolapsed and transformed mucous membrane in an old case of prolapsus ani.

FOREIGN.

Operations for Wry-Neck.—The following case of wry-neck is taken from a paper by J. Nottingham, Esq., late House Surgeon to the Liverpool Infirmary. The paper also contains notes referring to three cases of division of the tendo Achilles in pes equinus complicated with injuries of the hip joint in childhood and permanent limitation of motion in that joint the club-foot; being, in each case, the consequence of the injury to the hip. As the simple statement of this complication contains all that is particularly interesting to the surgeon in the paper, we will merely add that two of the operations were speedily successful in restoring the foot to its proper position; thus rendering the limb more useful. The results of division of the sterno-cleido-mastoid

muscle, together with the character of the changes effected in the cervical vertebræ by their long continued mal-position in torti-collis, is a question on which we have fewer lights of experience; and for this reason we give the case,—which was a mild one,—in the words of Mr. Nottingham.

Mary Sesnan, aged twelve years, has had wry-neck since she was twelve months old, for which the mother cannot assign any cause; the distortion is considerable, and she complains of inability to move the head with freedom.

The sterno-mastoid of the right side is in a state of permanent contraction; the right ear pulled down towards the corresponding shoulder; the chin twisted to the opposite side; the distance between the meatus of the ear and the top of the sternum is much less on the right side than on the other. It is the true sterno-mastoid, not the clavicular portion of the muscle, that is contracted.

A sharp-pointed narrow bistoury was passed under the affected muscle from within outwards, a little below the crossing of the omohyoideus tendon, its edge then directed towards the skin, and the sternal portion of the muscle divided. Its section was accompanied by a sensation communicated to the finger more or less like that the surgeon perceives when the tendo Achillis is cut across.

We immediately observed a difference in the position of the head, and on the affected side it was obvious that the distance between the top of the sternum and the meatus of the ear was about an inch and a half greater than before; but it was thought that further improvement might probably be effected by another division of the muscle near its attachment to the mastoid process, which was made by gliding the bistoury under the integument and cutting down upon the bone. The effect of this section was not so great as that produced by the first.

A little adhesive plaster was applied over the punctures, and two or three turns of a roller round the neck.

It is now five weeks since the muscle was divided; the head can be turned to either side with facility, and the distortion is much diminished; the cervical vertebræ, however, long accustomed to peculiar position, do not at once retain the improved direction, which, by a little artificial support, can be given to them. The patient expresses herself with satisfaction respecting the “easy” manner in which she can now move and hold her neck.

Since the report of the division of the sterno-mastoid was written, improvement has gradually taken place in the neck of the patient; and we have every reason to be satisfied with the results of the operation.—*London Lancet*, Nov. 6, 1841.

In this case we can see no propriety in the division of both extremities of the muscle.—Thus far, the case was one of hyper-operation. Both heads should have been divided below, and at once, or the superior attachment should have been alone involved.

Post Mortem examination after a case of an Crural Aneurism, cured by the constant application of Ice.—A man named Gloria was attacked with aneurism, involving the crural and the external iliac. After being badly treated, the disease being mistaken, for many months, he entered the Marine Hospital, at Toulon, the tumor seeming likely to burst every moment. This aneurism was cured by the application of ice, and the man, who seemed at the point of death, was restored, after a course of treatment of nearly three years, to perfect health. He returned to duty on ship-board, and made a voyage to the West Indies: his health was perfect; the tumour had disappeared; and though the leg was rather larger than the other, yet motion was not painful; in short, he was fit for duty on ship-board. Towards the end of 1838 he was seized with pain in the pelvis and right leg, fever, &c.; a profuse suppuration and an enormous abscess resulted; it opened spontaneously, and discharged very freely; the patient broke down under the profuse discharge, and died in February, 1839.

On examination, post mortem, the right thigh was found larger than the left, and its cellular tissue, as well as that of the pelvis, infiltrated with a flaky serum, (*un serum couenneuse.*) Several large collections of pus were found in the internal iliac fossa, the sheath of the psoas, and in the thigh, from Poupert's ligament to the middle. The muscles pale, and infiltrated with pus. The femur and the vertebræ, though denuded of periostium at particular points, were not diseased. The external iliac artery was little enlarged, but the epigastric, the circumflex Ilii, and the subcutaneous abdominis, were considerably dilated. The crural artery, from the origin of the last named artery to that of the profunda, was entirely obliterated, transformed into a fibrous cord, the fibres of which were in the axis of the artery. A little above the origin of the profunda was a tumor half an inch in diameter, dense and fibrous in structure, quite distinct from the cellular tissue around it. This tumor was united to the artery by a small pedicle, at the upper part of which was an ossific point about a line in diameter. This autopsy confirms the case, (before published,) and shows the power of this remedy even in cases nearly desperate. In this case, a sac so thin that its giving way was hourly to be looked for, gradually felt the astringent and tonic power of the steady application of cold; and all that remained of the once formidable disease, was the small fibrous cord and little tumor, which did not, for three years, interfere with the man's performing the laborious duties of his station on ship-board.—“*New York Gazette,*” from *Gazette Medicale*.

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